

Team Evaluation Summary Report and Prior Notice of Eligibility Determination: DeafBlindness

Student _____ Date of meeting _____

School _____ Grade _____ DOB _____

Definition: Deaf/Blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

☐ **Medical history is attached (if available).**

Assessment Information for Classification:

1. Intellectual Assessment (test, date, results)

 2. Social / Adaptive Assessment (test, date, results)

 3. Communication Assessment (test, date, results)

 4. Motor Assessment (test, date, results)

 5. Academic Achievement Data (test, date, results)

 6. Assistive Technology Needs Assessment (test, date, results)

 7. Information from Parents

 8. Audiological evaluation (clinical and functional)

 9. Vision evaluation (clinical and functional)

 10. Information from Parents

- Is a lack of instruction in reading or math the primary factor in determining eligibility? ☐ Yes ☐ No
 - Is limited English proficiency the primary factor in determining eligibility? ☐ Yes ☐ No

Parent Prior Notice for Eligibility Determination

The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

Based on the evaluation data, the multidisciplinary team proposes the following action:

- ☐ This student has the educational classification of DeafBlind, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires specialized instruction.
- ☐ This student does **not** have the educational classification of DeafBlind, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require specialized instruction.

Special Education Teacher Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Parent Signature (signature acknowledges receipt of copy) _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

*Note: If parent signature is missing, check below:

- ☐ Did not attend (document efforts to involve parent)
- ☐ Copy of this document mailed to parent on (date) _____

☐ Participated via telephone, video conference or other means